

**Application for Volunteer Emergency-Worker's Survivors Pension (VESP)****INSTRUCTIONS**

**Part I** and **Part II** are to be completed by the designated representative of the municipality. Include names of dependent children even if spouse is living. See reverse side for eligibility criteria and definitions of a dependent.

**Part III** must be completed and signed by the municipality's Certifying Officer.

**PART I — VOLUNTEER WORKER INFORMATION**

Volunteer's Name: \_\_\_\_\_  
LAST FIRST MI

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY MM DD YYYY

Volunteer Title/Position: \_\_\_\_\_

Name of Volunteer Company or Squad: \_\_\_\_\_

**PART II — SURVIVOR INFORMATION**

Name of Spouse: \_\_\_\_\_  
LAST FIRST MI

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
AREA CODE

\_\_\_\_\_  
CITY STATE ZIP

**Dependent Children** *(Must be disabled or under age 24)*

1. Child's Name: \_\_\_\_\_ In School? ☐ Yes ☐ No  
LAST FIRST MI

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

2. Child's Name: \_\_\_\_\_ In School? ☐ Yes ☐ No  
LAST FIRST MI

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

3. Child's Name: \_\_\_\_\_ In School? ☐ Yes ☐ No  
LAST FIRST MI

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

*(Attach separate sheet to list additional children)*

**Dependent Parents** *(If no dependent spouse or children)*

1. Parent's Name: \_\_\_\_\_  
LAST FIRST MI

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

1. Parent's Name: \_\_\_\_\_  
LAST FIRST MI

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

*(Continued on other side)*

<b>PART III — CERTIFICATION OF MUNICIPALITY</b> (See “ <i>Special Instructions</i> ” below)
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Name of Municipality: \_\_\_\_\_ PERS Location Number: \_\_\_\_\_

Certifying Officer: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
AREA CODESignature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY**SPECIAL INSTRUCTIONS TO EMPLOYERS**

If your municipality has had a volunteer emergency-worker die while performing volunteer duties since January 1, 2000, and that volunteer has one or more survivors meeting the criteria of Chapter 134, P.L. 2002 described below, you should:

1. Confirm the eligibility of the survivor(s) for a VESP and have the municipal governing body adopt a resolution certifying to that eligibility.
2. Have this *Application for Volunteer Emergency-Worker's Survivors Pension* completed and certified.
3. The Division of Pensions and Benefits also requires that the municipality forward the documentation required to certify the eligibility for VESP benefits. This would include:
  - a) the police and/or accident report and the death certificate — **required in all cases;**
  - b) the marriage certificate — **required if there is a surviving spouse;**
  - c) birth certificates — **required for all dependent children;**
  - d) school enrollment records for dependent children over 18 — **only required if there is no surviving spouse;**
  - e) evidence of disability for dependent children — **only required if there is no surviving spouse;**
  - f) financial evidence of dependency for dependent parent(s) — **only required if there is no surviving spouse or dependent children.**
4. Forward the resolution, this completed application, and the documents identified in item 3, above, to the Division within ten days of the resolution's adoption to: **VESP, Division of Pensions and Benefits, PO Box 295, Trenton, NJ 08625-0295.**

**NOTE: Do not delay the submission of the resolution** if this application or the collection of other required documentation has not been completed when the resolution is due at the Division of Pensions and Benefits.

**ELIGIBILITY FOR VESP BENEFITS**

Chapter 134, P.L. 2002, establishes a pension for the survivors of certain volunteer emergency workers who die in the performance of volunteer duties on or after January 1, 2000. The volunteer must have been a member of a duly incorporated voluntary fire company, first aid and emergency, or ambulance or rescue squad.

Survivors (dependents) of a volunteer firefighter, first aid worker, rescue squad worker, or emergency medical technician include:

- **A widow or widower** (who has not subsequently remarried);
- **Unmarried children** (a) under the age of 18; (b) age 18 years of age or older while enrolled in a secondary school; (c) under the age of 24 and enrolled in a degree program at an institution of higher education for at least 12 credit hours each semester; or (d) a disabled child at any age who is incapable of self-support due to the disability;
- **Dependent parents** (if there is no widow, widower, or eligible dependent children) who received at least half of their support from the emergency worker during the twelve months preceding the death.

**NOTE:** If a survivor is also eligible for a monthly pension benefit due to the voluntary emergency worker's membership in a New Jersey State-administered retirement system on the basis of other employment, that survivor is not also eligible for the VESP.